

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-030452 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			X		
2	1			X		
3		2			2	
4		0				
5		0			1	
6		0			1	
7		0			1	
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TOTAL IND.	1		3			
TOTAL DEP.						
TOTAL CLAIMS	1		3			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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